



Division of Custom Innovations, Inc. • 27085 S Tallgrass Ave • Sioux Falls, SD 57108 • 605.498.0105

## DEALER APPLICATION

### BUSINESS INFORMATION

LEGAL FIRM NAME  DATE

DOING BUSINESS AS (D/B/A)

STREET ADDRESS

CITY  STATE  ZIP

STORE PHONE  FAX

BUSINESS EMAIL  WEBSITE

BILLING ADDRESS (IF DIFFERENT)

FEDERAL EIN # (LEAVE BLANK IF SOLE PROPRIETOR)  DATE BUSINESS STARTED

TYPE OF OWNERSHIP

Individual

Partnership

Corporation

LLC

### OWNER / OFFICER INFORMATION

List all owners, partners, or officers. Add additional sheets if needed.

Person 1 — Role:      Owner                  Partner                  Officer

FULL NAME

HOME ADDRESS

CITY  STATE  ZIP

HOME PHONE  PERSONAL EMAIL

Person 2 — Role:      Owner                  Partner                  Officer

FULL NAME

HOME ADDRESS

CITY  STATE  ZIP

HOME PHONE  PERSONAL EMAIL

Written confirmation of name & ownership change is required and must include photos.  
All orders are placed through the website — no phone orders accepted.

**TRADE SUPPLIERS (Powersports-related — leave blank if brand-new business)**

1. COMPANY NAME  PHONE   
CITY  STATE  ZIP

2. COMPANY NAME  PHONE   
CITY  STATE  ZIP

3. COMPANY NAME  PHONE   
CITY  STATE  ZIP

**REQUIRED DOCUMENTS (Attach copies with this application)**

- Copy of Business License
- Copy of State Tax Resale Certificate (in-state dealers only)
- Copy of State Tax ID
- Photos of your storefront / location

Email completed application and all required documents to:

[dealers@twistedchoppers.com](mailto:dealers@twistedchoppers.com)

**DEALER PROGRAM BENEFITS (Upon approval)**

- 25% discount on all Twisted Choppers branded parts & accessories
- 5% discount on all other products
- Free shipping on orders of \$99 or more
- Discounts do not apply to sale-priced items
- All dealer orders placed through the website — no phone orders

**CERTIFICATION & SIGNATURE**

*I hereby affirm that all of the above information is true and correct to the best of my knowledge, and I agree to abide by the terms and conditions of the Twisted Choppers dealer program.*

PRINTED NAME  DATE

*By typing your name above you agree this constitutes a legal electronic signature.*

**Submit Application via Email**

Prefer to attach all files at once? Apply online at [twistedchoppers.com/dealer-application](https://twistedchoppers.com/dealer-application)